MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 56572

FILING DATE

PPLICANT(S)

CLAIMS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	IND.	DEP.	IND.	DEP.	IND.	DEP.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16						
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TOTAL IND.	2	-		•		1
TOTAL DEP.	17,	4		4		4
TOTAL CLAIMS	14	* * * *		*** * * * * * * * * * * * * * * * * * *		

PTO - 1360 (REV. 11/04)

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS		****				*****

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